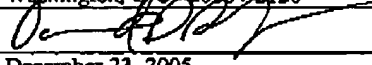


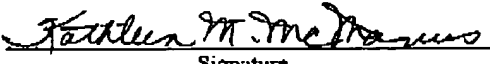
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/010,155
		Filing Date	12/10/2001
		First Named Inventor	Gerd M. MÜLLER et al.
		Group Art Unit	2646
		Examiner Name	P.L. Dabney
Total Number of Pages in This Submission	12	Attorney Docket Number	740105-81

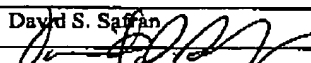
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-3128
Signature	
Date	December 23, 2005

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<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300	
December 23, 2005 Date	 Signature Kathleen M. McManus Typed or printed name

FEE TRANSMITTAL FOR FY 2005 Patent fees are subject to annual revision.		<i>Complete if Known</i> Application Number: 10/010,155 Filing Date: 12-10-2001 First Named Inventor: Gerd M. MÜLLER et al. Examiner Name: Dabney Art Unit: 2646 Attorney Docket No.: 740105-81	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER DEC 23 2005	
TOTAL AMOUNT OF PAYMENT (\$120.00)			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2478(740105-81) Deposit Account Name: Roberts Mlotkowski & Hobbes P.C. The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																											
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SUBMITTED BY Name (Print/Type): David S. Saffan Signature: 		Registration No.: 27,997 (Attorney/Agent)		<i>Complete (if applicable)</i> Telephone: 703-584-3270- Date: December 23, 2005	
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